



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8749

<b>SERIAL NUMBER</b> 10/820,931	<b>FILING OR 371(c) DATE</b> 04/08/2004 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 4285.18554
------------------------------------	---------------------------------------------------------------	---------------------	-------------------------------	----------------------------------------------

## APPLICANTS

Gary J. Pond, Racine, WI;

## \*\* CONTINUING DATA \*\*\*\*\*

None mb

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None mb

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/20/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 3
------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------	--------------------------------	------------------------------	------------------------------------

## ADDRESS

26308

## TITLE

Irrigation tip adaptor for ultrasonic handpiece

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
---------------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------